

PUBLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____
Bu. Vou. No. 2005
00360R000600010023-0

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

PAID BY

ENCL #2
SAPC EBOIR
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Cost				796.	47
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from _____ to _____ Weight _____ Government B/L No. _____ Total 796.47

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

STATINTL (Sign original only)

Differences _____

Date 12/30/57 *Payee

(Date not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for _____

(Signature or initials) *KEP*

Contract No. A101 Date _____ Req. No. _____ Date _____ Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____
(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ (on Treasurer of the United States in favor of payee named above.)
Cash, \$ _____, on _____, 19____ Payee _____
(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporation must be given, such as "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Title _____

Public Voucher for Purchases and
Services Other Than Personal

600010028NDUM

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 2005

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No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract <u>A-101</u> System III					
		Direct Costs Properly Chargeable to Contract <u>A-101</u> for the period 12/16/57 thru 12/22/57					
		Research & Development STATINTL		<u>Production</u>		<u>Total</u>	
		Labor for Week Ending December 22, 1957					
		Other Costs - per schedule attached					
		Total Labor and Other Costs					
		G & A expense computed at interim rate of [REDACTED]					
		Total Costs					\$ <u>796.47</u>

BATCH NO	TICKET INVOICE CR MEMO	CHECK NO	PAYEE NAME OR VENDOR NO	TR CODE	COST CNTR	ACCT	MJO	DATE SO	DATE W O	DISTR AMT
33	12 18 7	DM-1296	12197	50	254000	12501	5043	03	1	214.20-
31	12 17 7	DM-1296	12167	50	254000	12501	5043	03	1	6.50
36	12 20 7	DM-1296	12277	50	254000	12501	5043	03	1	214.20 *
										6.50 **
										6.50 ***